

# News

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July 1990

## *Building a dream*

### The Children's Inn at NIH is a place many will call "home"

By Ellyn J. Pollack, APR

**I**magine the perfect dream house. For many, it may include 36 rooms with beds and private baths, a library for pleasure reading and research, a game room with soundproof walls, a TV room, a "quiet" room, a fully equipped playroom for children of all ages, an outdoor playground, two oversized kitchens and dining rooms, a computer room, an atrium with a two-story fireplace . . .

Last month this dream house became a reality when thousands of people participated in a week-long grand opening celebration of The Children's Inn at NIH.

Nearly a decade ago, the inn was only a dream of Dr. Philip Pizzo's, chief of pediatrics, NCI. Every year, more than 1,300 children from around the world are treated at the Clinical Center for cancer, AIDS, heart disease, asthma, and neurological and other disorders. The Clinical Center has been able to accommodate one parent per patient—usually on a cot in the child's room. Outpatients and other family members have had to stay at hotels and motels off the NIH campus. The Children's Inn at NIH provides not only lodging, but an environment conducive to mutual support for pediatric patients and their families.

During the last several years, more than 4,000 individuals, corporations and groups have contributed to the effort to build this dream house for NIH pediatric patients and their families. NIH set aside two acres of land for the inn, located on West Drive within walking distance of the Clinical Center. Merck & Co., Inc.,

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The play areas of The Children's Inn at NIH are designed for children of all ages and with varying interests. Dr. P. Roy Vagelos, chairman and CEO of Merck & Co., (center) and Dr. Philip Pizzo, chief of pediatrics, NCI, (right) try some of the donated toys with Clinical Center patients (from left) 11-year-old Dean Walker, 10-year-old Brianne Schwantes, and 3-year-old Lindsay Cushingberry.



With the help of several Clinical Center pediatric patients, First Lady Barbara Bush (back row from left), Dr. P. Roy Vagelos, President George Bush, and HHS Secretary Dr. Louis Sullivan cut the ribbon at the grand opening of The Children's Inn at NIH.

# Letters to the editor . . .

## Employee praises personnel officer

It is with great pleasure that I write of my experience with Lynn Hellinger, associate personnel officer. Lynn and I began our association in spring 1988, when I became seriously ill while working as a chemist in the Critical Care Medicine Department.

In the two years since we first met, she has been unstinting in her efforts on my behalf. It was she who helped coordinate my application to the Donated Annual Leave Program. It was she who assured the timely and efficient processing of my applications for early retirement. Most importantly of all, it was Lynn Hellinger whose constant support, encouragement and efficient service helped me through an extraordinarily difficult time in my life.

Personnel employees such as she are rare and valuable indeed. People such as Lynn Hellinger come along once or twice in a lifetime.

I was recently approved for early retirement and disability from both FERS and the SSA. I have a computer at home and am working hard on the publication of a collection of essays on issues related to changing biologies. My relationship with Lynn highlighted some of those issues in an extremely positive way.

While I very much dislike what my changing biology has done to my health, I remain grateful, from the bottom of my heart, for what Lynn and I, working together at the NIH Clinical Center, have done for my life.

Sincerely,  
Mary Weideman

## 13 East offers compassion

I am writing to you regarding the care my father received recently in the 13 East wing of your facility. My father had been an outpatient with non-Hodgkins lymphoma for 13 years at NIH. Even so, when he was admitted to 13 East for experimental treatment, we were in no way prepared for the excellent, compassionate and humane treatment that he received there. The competence of the nurses was

never a question, and their compassion and empathy was astounding. These traits were willingly extended to my father, as well as to my mother and myself.

My father died in that unit on August 13. Feel confident that I would not sit down and write this letter in my current state of grief except for my very strong belief that these people did exemplary work, and that this sort of rare dedication deserves recognition. Among the nurses, Georgia, Laurie, Lynn and Willie were particularly outstanding. The physicians who oversaw my father's case (Gary Richardson and Carmen Allegro) also displayed rare compassion and concern for the difficulties being faced by my father, my mother and myself. They were honest, professional and kind.

I could not have been more impressed with the care and love that my father received in his last month of life.

Sincerely,  
Barbara L. Goulart

## Employee patient thanks co-workers for "TLC"

I would like to thank the 13 East nursing staff for being good friends. It's times like these that true friends step forward. Thanks for taking that step. I also would like to thank my head nurse, Barbara Corey, for being there, and the 3B South nursing staff for giving me "TLC." Thanks so much.

Betty Garnett

## Doctor patient appreciates outstanding CC staff

I have recently returned home after undergoing a laminectomy for the removal of the spinal cord arterial venous malformation. My diagnostic studies and surgery were carried out at NIH on 5 East.

I want to take this opportunity to thank the entire staff for the outstanding care that I received at NIH. From the moment I registered until the moment I left, I was treated with kindness and courtesy. The

nursing attention that I received on 5 East was outstanding. Having spent my entire life in an academic institution and being quite aware of professionalism, I can assure you that the level of professionalism among the nursing staff was beyond expectation.

I again want to thank the entire staff for the wonderful care I received.

Sincerely yours,  
Marvin Dunn, M.D., F.A.C.P.

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News, article ideas, calendar events, letters and photograph requests can be submitted to *Editor, CC News*, building 10, room 1C255, or by calling 496-2563. Copy deadline is the third Monday of each month.

*CC News* articles may be used for publication if appropriate credit is given.

# 200 employees gather in CC lobby to bid farewell to Dr. Decker

By Karen Riedel

Farewell, farewell, Dr. Decker. More than 200 CC employees and friends of Dr. John Decker's attended a farewell reception in his honor on Friday afternoon, June 1.

Sporting his patch-work lab coat, Dr. Decker and his wife greeted visitors as a large crowd gathered in the first floor lobby area of the Clinical Center. Guests crowded around tables covered with delectable sweets, fruits and finger sandwiches. Despite the warm afternoon, hot tea was a popular attraction. Pianist Michael Terrence, sitting at an upright in the reception area, lifted spirits as he filled the lobby with music. Fresh flower arrangements decorated the piano as well as the rest of the lobby area.

Special Events Chief Al Rexroat introduced Acting Director Dr. Saul Rosen, who shared words of praise and respect for Dr. Decker's well deserved retirement. "He earned it the old fashioned way," Dr. Rosen said "He worked for it." Dr. Rosen then formally dedicated art Gallery I to Dr. Decker. He unveiled the *John L. Decker Gallery I* sign, a plaque, and a framed pencil sketch of Dr. Decker.

"I am gratified by the idea of the gallery," Dr. Decker told the crowd, "but I don't want any of you to get the impression I did any of these paintings."

## NIA seeks volunteers

The Laboratory of Neurosciences, NIA, is seeking healthy volunteers to participate in a study on the effects of aging on brain functions. Volunteers must be in excellent health, medication free and without past or present major health problems. Those below the age of 35 or above the age of 60 are particularly needed. Procedures require approximately 13 hours; participants may receive a stipend of up to \$300, depending on the actual time involved. For more information, call 496-4754 between 9 a.m. and 5 p.m. Monday through Friday. □

Executive Officer Raymond Becich presented Dr. Decker with a joke gift certificate for a retreat weekend at the Tidewater Inn in Easton, Md. The weekend was named the *Easton III Package*, after the CC retreats held at that inn.

Dr. Harry Keiser, clinical director for NHLBI, presented Dr. Decker with a plaque on behalf of the Medical Board. "You are leaving tremendous shoes to fill, both figuratively and literally" he told Dr. Decker. "You contributed a lot to making this a 'human' hospital."

The nursing department, represented by Associate Director for Nursing Kathryn McKeon, presented Dr. Decker with a framed oversized card thanking him for his support.

"Thank you for your humor, support and commitment," McKeon said to Dr. Decker.

She also gave him a book entitled *A Day in the Life of America* filled with places that Dr. and Mrs. Decker might enjoy in their newly acquired spare time.

Dr. Rosen then unveiled a toy replica of an elevator for the "elevator director" in recognition of Dr. Decker's persistence in improving the elevator situation. The toy elevator is equipped with a moving elevator car. As the car moves up and down, different Clinical Center scenes and personalities are depicted.

"What am I to do with this?" Dr. Decker asked. "Take it home and put it in the living room?!"

The pianist played *For He's A Jolly Good Fellow* and Dr. Decker stepped forward and took a bow.

As a final offering to Dr. Decker, Rexroad introduced a computer demonstration. Associate Director for Information Systems and newly appointed Acting CC Deputy Director Dr. Tom Lewis explained the computer and its unique verbal capabilities that allow Dr. Decker to hear taped messages from various Office of the Director staff members by pressing a button. Dr. John Foy conceptualized the idea and Chris James put it together.

Dr. Decker closed his remarks with a smile and an everpresent flair of dignity. "This hospital will continue to thrive. All of you have a heck of a job to do. I'll see you around." □



## Pharmacy notes

The Pharmacy Department provides comprehensive Drug Information Service (DIS) for the hospital staff and patients, which is available for in-depth consultation regarding medications. The service is available 8:30 a.m. to 5 p.m. Monday through Friday by calling 496-2407. Routine questions regarding drug availability, dosage and incompatibilities should be referred to a pharmacist in the appropriate section (unit dose at 496-1914 or intravenous admixture unit at 496-6551).

DIS is fully equipped with numerous books, journals and literature abstracting and retrieval services. The primary role of DIS is to critically evaluate the literature and provide up-to-date information about medications to clinicians and to the Pharmacy & Therapeutics Subcommittee. Examples of drug information requests that may be referred to DIS include drug identification, suspected adverse drug effects, and information on newly marketed drugs. DIS is not staffed to accommodate requests for article retrieval but will provide a list of all references used in evaluating a drug information request.

Karim A. Calis, Pharm.D., clinical pharmacy specialist, coordinates DIS and supervises students and residents assigned to the service. Dr. Calis graduated with a B.S. and Pharm.D. from the University of Maryland School of Pharmacy, where he currently serves as clinical assistant professor. He joined the pharmacy staff in December 1989 after serving for several years as assistant director for clinical pharmacy services and director of the nutritional support service at Suburban Hospital in Bethesda. Dr. Calis was recently honored as Pharmacist of the Year by the D.C. Society of Hospital Pharmacists. □

Pharmacy Notes is written by Anthony Brooks, P.D., pharmacy supervisor. He joined the Clinical Center in 1987.

# CC newsmakers . . .

The 1990 PHS award recipients include:

**Achievement Medal**—Jennifer Bayless, Medical Record Department; Jerry King, Medical Record Department; Jerre Molina, Office of the Director; Jeanne Odom, Nursing Department; and Michaela Smith, Rehabilitation Medicine Department.

**Commendation Medal**—Jean Jenkins, Nursing Department; Larry Eldridge, Office of the Director; Andrew Dwyer, Diagnostic Radiology Department; Carol Romano, Nursing Department; Robert DeChristoforo, Pharmacy Department; Joseph Kovacs, Critical Care Medicine Department; Frank Witebsky, Clinical Pathology Department; Mark Rotman, Nuclear Medicine Department; Richard Fejka, Nuclear Medicine Department; Paul Jarosinski, Pharmacy Department; Patti Riggs, Nutrition Department; and Carolea Logun, Critical Care Medicine.

**NIH Director's Award**—Charles Patterson, Materials Management Department.

**NIH Merit Award**—Janice Bodner and Alice Faust, Nutrition Department, and Warren Moyer, Office of the Director; Lynn Hellinger, Office of Management Support Services; and

Martha Jane Peter and Elaine Ayers, Nutrition Department.

**PHS Citation**—Joseph High, Pharmacy Department; Louise Meister, Social Work Department; Jerry King, Medical Record Department; and Nanette McAtee, Nursing Department.

**PHS Outstanding Service Medal**—Daniel Cowell, Office of the Director; Frederick Ognibene, Critical Care Medicine Department; and Robert Cunnion, Critical Care Medicine Department.

**Secretary Special Citation**—Claire Rodgaard, Office of the Director.

**Unit Commendation**—Peggy Barrow, Sara Bergerson, Pamela Brye, Marilyn Flood, Patsy Henderson, Rosemary Petersen, Patti Riggs, Nancy Sebring, Anne Shaffer, Gloria Stables, Joyanne Murphy, S. Grace Rodgers, Denise Ford, Marilyn Malone, and Mindy Raphael, Nutrition Department.

Benamen Williams, Housekeeping and Fabric Care Department, was named Clinical Center Employee of the Month for April 1990.

Williams works on the 300 wing of the 8th floor providing cleaning and

janitorial services. Wolff says Williams is "consistently reliable and thorough, never skips any of the rooms, does his work quietly, is pleasant with everyone in the wing and is always available at those times when something special has to be done (such as washing down a cold room when the compressor was being repaired). The quality of his work is outstanding and is the best in the 30 years that I have been in this area."

In May 1990, Manola Wilkerson, supervisory radiologic technologist, Diagnostic Radiology Department, was named Clinical Center Employee of the Month

"Manola was recently detailed to a supervisory position which required her to attempt to rebuild the morale of the department," McMahon says. "She has done a remarkable job in completing this task and has gained the respect of her subordinates.

"Manola has established programs to better utilize the technologists and to provide cross-training in various speciality areas. Wilkerson has shown that given a task to do, she puts much effort into not only completing it, but completing it well." □

## Humerus corner

### Medical terminology for the layman

Artery—the study of fine paintings  
Barium—what to do when CPR fails  
Caesarean section—a district in Rome  
Colic—a sheep dog  
Coma—a punctuation mark  
Congenital—friendly  
Dilate—to live longer  
Fester—quicker  
G.I. series—baseball series between teams of soldiers  
Grippe—a suitcase  
Hang nail—a coat hook  
Medical staff—a doctor's cane  
Minor operation—coal digging

Morbid—a higher offer  
Nitrate—lower than the day rate  
Node—was aware of  
Organic—musical  
Outpatient—a person who has fainted  
Post-operative—a letter carrier  
Protein—in favor of young people  
Secretion—hiding anything  
Serology—study of English knighthood  
Tablet—a small table  
Tumor—an extra pair  
Urine—opposite of "You're out"  
Varicose veins—veins which are very close together □

### Hard to swallow

Food has NO calories:  
If no one sees you eat it.  
If you eat it in the dark.  
If you eat it standing up.  
If it's cold leftovers.  
If it's "just a taste."  
If it's immediately washed down with diet soda.  
If you eat it at the movies.  
If you don't like it.  
If you're simply cleaning up the last piece on your plate.  
If you eat it for "medicinal reasons," for example, when you feel depressed. □

Appeared in *Medical World News* May 22, 1989.

## Children's Inn is a "home away from home" for patients and their families



CLOCKWISE FROM ABOVE: President Bush gives a "thumbs up" to a Clinical Center pediatric patient following the ribbon cutting ceremony; On behalf of the inn, Kate Higgins, resident manager, (left) accepts "A Shower of Good Luck" from Hallmark, Inc., presented by Andrea Rander, director of CC Volunteer Services, (center), and Amanda Rander, chairman of CC Red Cross volunteers; Throughout the week, visitors received guided tours of the new facility; CC patient Katie White (center) cuts a cake donated by Elegant Edibles for employee day, while Kathy Russell, vice president of The Children's Inn, and Randy Schools, member of the Board of Directors for Friends of The Children's Inn at NIH, watch.

*(continued from page one)*

donated \$3.7 million to build the inn, and the Friends of the Children's Inn raised an additional \$2 million for furnishings and operations. In addition to Dr. Pizzo, Carmala Walgren, a Washington attorney and wife of Pennsylvania Congressman Doug Walgren, was instrumental from the beginning in making the dream come true. They were joined by Debbie Dingell, wife of Michigan Congressman John Dingell, and Chris Downey, wife of New York Congressman Thomas Downey.

"If you believe with all your heart and try with all your might, dreams do come true," President George Bush told hundreds of guests during the grand opening ceremony. "NIH's generous gift of land and medical expertise will change the lives of these children forever."

Health and Human Services Secretary Dr. Louis Sullivan said, "Here at NIH, the wonders of medicine and medical research abound. Today we add a new wonder—The Children's Inn—where healing, love and comfort for sick children that only parents can provide will be dispensed. This facility completes the circle of diagnosis, treatment, research and psychic well-being for children who must face the trauma of major illness."

Following the speeches, The Children's Inn was "officially" open when President Bush, Barbara Bush, Dr. Sullivan, and Dr. P. Roy Vagelos, chairman and CEO of Merck, cut the ribbon. Many pediatric patients who will be living at inn assisted in this traditional task.

But that was only one part of the week-long celebration. Each day was

devoted to a different group, including members of the local community, NIH employees, pediatric patients and their families, reporters and major contributors. Tours, food, drinks and entertainment were provided each day.

In addition to providing living accommodations for pediatric patients and their families, the inn was designed to foster moral support, allowing families to "lean on" one another. While each family has its own private room with beds and a full bath, families share the kitchen, dining, and leisure areas. Leisure rooms were designed to accommodate the different needs of all the guests—a quiet room, library, game room, computer room, playroom and TV viewing area. □

## The Amish and the health care system: tips for health care providers at the Clinical Center

By Wendy Schubert

Several months ago, the Cross-Cultural Health group held a seminar entitled "The Amish and the Health Care System." That seminar was very well attended, and the subjects covered were so interesting that members of the audience wanted to stay longer to ask questions of the speakers. This article is a supplement to the seminar and elaborates on topics discussed relating to providing health care to the Amish.

To most Americans, the word "Amish" triggers a mental picture of people living in a traditional way and wearing 16th century clothing. But beyond that picture, most people know little else about the Amish people. As health care providers to patients from various cultural backgrounds including the Amish, we need to know how the Amish view health, illness, and the modern health care system.

The Amish form a unique religious community that belongs to a subculture in America. They differ from other Americans in their lifestyle, religious beliefs, and values. The Amish descend from an Anabaptist group originating in Zurich, Switzerland. In 1536, Menno Simons became a leader of the group, which became known as the "Mennonites." In the late 1600s, a group led by Jakob Ammann separated from the Mennonites to live by more rigorous beliefs. These people are called "Amish." To escape religious persecution in Europe, Amish settlers came to America in the late 1700s. Today, Amish communities are found in 20 states and in Ontario, Canada. More than 80 percent of the Amish live in Ohio, Indiana, and Pennsylvania. The Amish population in America is about 100,000 and is one of the fastest growing religious groups in the United States.

The Amish place great emphasis on the strict interpretation of the Bible and on living a peaceful, nonmaterialistic, "plain" life. A fundamental tenet of Amish society is that separation from the world must be maintained. Education is seen as important only until the 8th grade after which children return to work with their families (for example, on farms). As a result, the Amish do not have members of their own

community trained as physicians. Such healers as chiropractors, homeopaths, and reflexologists are used as are folk remedies to cure illness. When illness is serious, physicians and hospitals are used.

For the Amish, a healthy person is one who has a hearty appetite and can do rigorous physical labor. Drinking alcohol (except at communion) and smoking cigarettes are forbidden. Smoking cigars and pipes is permitted in some church districts. Electricity is not used, and cars must not be owned or used. The main means of transportation are horse- or mule-drawn buggies.

Each Amish settlement is divided into "church districts" with the number of families per district not exceeding 40. Families are large and keep detailed genealogies of their descendants. Family members live in one geographical area and do not travel to look for work. The closed nature of the Amish community makes intermarriage among families sometimes unavoidable. For example, a study of 1,850 couples in Lancaster County, Penn., found that all but three couples were related. Because some recessive genetic traits exist in the Amish, it is more likely that certain genetic diseases will occur more frequently among the Amish than among other populations. For example, Ellis-van Creveld syndrome (a type of dwarfism) and pyruvate kinase deficiency anemia (a blood disorder) are more common in Amish people. These and other disorders may bring them in contact with such specialized health research centers as the Clinical Center.

While this background information is useful to Clinical Center staff seeking better understanding of their Amish patients, more specific concepts are also necessary to help CC staff deal more sensitively and effectively with this group.

• Health care staff should not criticize Amish patients for not using preventative health measures. Usually, the Amish will not seek care unless they are very ill. Some families have regular dental check-ups, but traditional healers or healing remedies may be sought for illnesses. Some Amish people may be uncomfortable with the idea of using drugs or immunizations. But the Amish of Lancaster County favor immunizations

and use modern medicine when their traditional methods fail. The Amish are more concerned with the negative side effects of medication, rather than the idea of taking medicine. The high cost of modern medical care may also be a barrier for the Amish wishing to use the health care system.

- Greet an Amish patient and his or her family warmly, as you would anyone. While the Amish like to keep social distance between themselves and those outside their community, a simple handshake is a good way to begin your professional relationship with the Amish.

- Be mindful of certain cultural taboos. For example, taking photographs of the Amish is against their religion. Some Amish people, however, will grant permission to have their pictures taken.

- Try to be punctual when scheduled to meet Amish patients and families. The Amish value punctuality, and they do not like to be kept waiting.

- As when talking to anyone who may be unfamiliar with technical or medical terms, explain things simply, and make sure that the patient and family understand what you mean.

By using these tips and trying to appreciate the Amish culture, health care staff can build a rapport with Amish patients and families they may encounter.

*For more information about the Amish culture, these publications may serve as resources:*

Adams, C., and Leverland, M. The effects of religious beliefs on the health care practices of the Amish. *The Nurse Practitioner*. 11: 58-67; 1982.

Hall, B. *Born Amish*. Randolph, OH: Jacabar Publications; 1980.

Hostetler, J. *Amish Society*. Baltimore, MD: The Johns Hopkins University Press; 1980.

Meyer, C. *Amish People*. West Hanover, MA: Halliday Lithograph Corp.; 1980.

Wiggins, L. Health and illness beliefs and practices among the old order Amish. *Health Values*. 7:24-29; 1983.

*The following also contributed to the writing of this article: Linda Coe Murray, RN, Sandra Schlesinger, MS, and Emma Stoltzfus. □*

# NIH Day Care Committee pushes ahead

By Karen Riedel

The NIH Day Care Committee (DCC) is pushing ahead to bring day care to NIH. The DCC, comprised of 15 people on and off the NIH reservation, disseminated 16,000 questionnaires across the NIH community last January to measure the day care needs of NIH employees. Close to 3,000 questionnaires were filled out and returned. The DCC has examined the responses and assessed the day care needs of NIH employees. The committee held three forums on the results of the survey and is planning other initiatives.

According to the survey results, 87 percent of the respondents said they feel day care is important. Most of the respondents reported having children and about 24 percent of the respondents foresee having children in the next three to five years. Among the employees who have a current need for day care, the majority of their dependents are between two and 12 years old.

The most frequently required hours of day care were reported between of 7 a.m. and 6 p.m.; and 6 a.m. through 5 p.m. The questionnaire also surveyed the costs of day care. The overall cost per week for those who pay for day care is \$89. For dependents under age 14 the average is \$84. The average cost was computed based on one form of day care.

The factors rated by repliers as most important to day care include safety, reliability, quality of care, staff retention,

staff qualifications, staff dependent ratio, location, emergency care, summer care, outdoor activities, cost, educational program, parental input, food availability, sick dependent care and intermittent care.

The survey polled employees as to time spent making day care arrangements. According to the survey results, employees reported changing day care arrangements an average of once in the past year, spending an average of 14 hours looking for day care in the past year, and being late or absent from work an average of five times in the past year due to day care problems other than illness.

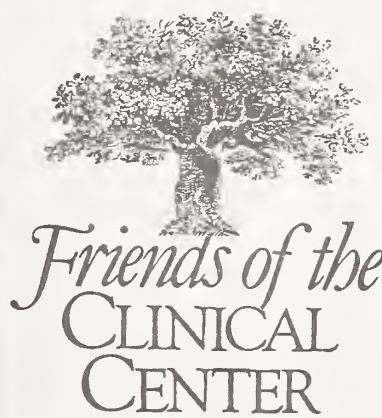
There are day care facilities on campus currently used by NIH employees—Child Kind for infants and Parents of Preschoolers, Inc., (POPI) for preschoolers—and one off campus, NOMCC-Netie Ottenberg Memorial Child Care Center. "The parents are very pleased with these programs," says Jane Gorin, nursing systems specialist and member of the committee. "There are just not enough spaces. That is the problem."

Based on the clear need for day care, as demonstrated by the survey, the DCC is moving ahead. The committee submitted a legislative proposal that would allow for federal salary assistance for payment of salaries for day care personnel and use of NIH personnel in a future day care facility. This assistance would help keep down the operating costs of a day care facility, which in turn would keep costs to

day care users lower. According to Gorin, day care costs average around \$700-800 per month for infant care and \$400-500 for toddler care. "It's a way of keeping costs down for day care," says Gorin about the proposal.

In addition, the DCC is planning to hire a consultant to make an independent analysis of the day care needs assessment survey. The consultant will advise the committee and make recommendations for bringing supplemental day care to the NIH campus. The consultant will assist the committee throughout the process.

Prior to the NIH survey, a pilot survey on day care needs was administered at the Westwood Building by a day care committee at that site. The survey generated a tremendous amount of interest in that building. Since it distributed and assessed the survey, the committee is now initiating plans for a day care center. They are about to hire a consultant, who will help the committee establish a day care center, and are raising funds for the center through recycling. According to Martha Pine, chair of the Westwood Day Care Committee, they are asking for space and facilities to accommodate 100-120 infants, toddlers, and preschool children. The Westwood facilities would be convenient for NIH employees at Westwood, as well as NIH employees who work on campus and live near the Westwood Building. □



## Friends of the Clinical Center provide support

The Friends of the Clinical Center, Inc., has been busy the past year defining goals and shaping its continuing role of providing financial support to patients and families involved in clinical studies at NIH. The Friends of the Clinical Center has purchased home medical equipment; paid for families to travel to the Clinical Center for support during surgery and for last family visits before a loved one dies; paid rent, telephone and utility bills; and bought food and toys.

The needs are great, but the financial assistance provided helps eliminate one more worry for patients. The Friends of

the Clinical Center appreciates all the support it has received from the Combined Federal Campaign. NIH employees have made it possible to improve the quality of life for so many here at the Clinical Center.

The Friends of the Clinical Center has a new logo to present and hopes you'll recognize your branch of the tree that helps it meet its goals in providing support to patients of NIH.

Kathryn McKeon  
President,  
Friends of the Clinical Center



More than 1,500 employees, clowns and children enjoyed the annual Camp Fantastic Barbecue at The Children's Inn, twice as many as in previous years. Tied into the grand opening of the inn, the cookout raised \$5,600 to benefit Camp Fanastic and The Children's Inn at NIH.

## JULY CALENDAR OF EVENTS

**4** Independence Day. No Grand Rounds

**11** Grand Rounds. *Osteogenesis Imperfecta*, Dr. Joan Marini, NICHD. *Treatment of Pathogenic Human Retroviruses*, Dr. Samuel Broder, NCI. Lipsett Amphitheater, noon-1 p.m.

**11** Leisure is Fundamental Expo. Sponsored by the Patient Activities Department in celebration of Therapeutic Recreation Week. Visitor Information Center, 11:30 a.m. to 1:30 p.m.

**18** Grand Rounds. *Antibody-cell Interactions: The Fc Receptor Family*, Dr. Jean-Pierre Kinet, NIAID. *Polychlorinated Biphenyl Poisoning: The Taiwan Epidemic and Its Consequences*, Dr. Walter Rogan, NIEHS. Lipsett Amphitheater, noon-1 p.m.

**20** Cantare Audire Choir. Singers from Namibia, one of the last realms of unspoiled Africa, embark on their first international tour. Tickets on sale for \$7 at all R&W locations. Sponsored by the Friends of the Clinical Center. For information, call 496-6061. Masur Auditorium, 7:30 p.m.

**25** Grand Rounds. *Two Very Unusual Presentations of Pheochromocytoma*, Dr. Harry Keiser, NHLBI. *Studies of Prefrontal Cortex Functions in Man*, Dr. Daniel Weinberger, NIMH. Lipsett Amphitheater, noon-1 p.m.

**27** Alcoholics Anonymous. No charge. For information, call 530-2522. Carter Halls 2 and 3, Suburban Hospital, 8:30 p.m.

**27** Al-Anon. Support group for families of alcoholics. Admission is free. For information, call 530-2522. Red Room, Addiction Treatment Center, Suburban Hospital, 8:30 p.m.

**29** Cocaine Anonymous. Support group for cocaine abusers. Admission is free. For information, call 530-2522. Carter Hall 1, Suburban Hospital, 8 p.m.

**29** Prescription Drug Recovery Group. Support group for people dependent on prescription drugs. For information, call 530-2036. Red Room, Addiction Treatment Center, Suburban Hospital, 8:30 p.m.



*CC News* is published monthly for employees like Norma Jean Silva, health technician/phlebotomist. Norma Jean enjoys the unique atmosphere of the Clinical Center. She says she also enjoys the patients.